PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ppropriate. All further idicated unless correcte inintenance fee notifical	d below or directed oth	nerwise in Block 1, by (s) specifying a new corresp	pondence address; a	nd/or (b) indicating a sepa	arate "FEE ADDRESS" for
CURRENT CORRESPONDS	ENCE ADDRESS (Note: Use Bi	ock 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fe(s) Transmital. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
30636	7590 04/09			Certi	Scote of Mailing or Trans	mission
FAY KAPLUN 150 BROADWA NEW YORK, N		.P	I her State addre trans	eby certify that this is Postal Service wit essed to the Mail 5 mitted to the USPTO	Fee(s) Transmittal is being th sufficient postage for firs Stop ISSUE FEE address 0 (571) 273-2885, on the d	g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
					F. Kandun, Esq.	(Depositor's name)
					101/0	(Signature)
			4		June 12, 2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	7	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/628,567 07/31/2000			Li Wen Liu		40116/06001 414	
ITLE OF INVENTION	: IPOS TRANSACTION	TERMINAL				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE	FEE TOTAL FEE(S) DUS	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	8720	07/09/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS		1,440	
TRAIL, ALLYSON NEEL		2876	235-383000			
Change of correspondence address or indication of "Fee Address" IFR 1. 363.) Change of correspondence address (or Change of Corresp Address form IFTO/SDI 22) attached. Fee Address" indication (or "Fee Address" Indication for FTO/SBI 47; Rev 03-02 or more recent) attached. Use of a CNumber is required.			2. For priming on the patent front page, list. (1) the names of up to 3 registered patent attorneys or agents OR, attendatively. (2) the name agents and the names of up to registered attorney or agents and the names of up to registered attorney or agents and the names of up to registered attorney or agents and the names of up to register attorney or agent and the names of up to register attorney or agent and the names of up to register attorney or			
			THE PATENT (print or typ			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an a	stent. If an assigner assignment.	e is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Symbol Technologies, Inc. Holtsville, NY						
lease check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent):	Individual Cor	poration or other private gr	oup entity Government
a The following fee(s) are submitted: 4b. Payment of Fee(s) (Please first reapply any previously paid issue fee shown above) A check is enclosed.						shown above)
Advance Order -	o small entity discount of Copies	permitted)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10 1974 2 Lenclose an extra copy of this form)			
	tus (from status indicate		V			
a. Applicant claim	s SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee an aterest as shown by the	records of the United St	nifed) will not be accepte ates Patent and Trademark	Office.	ne applicant; a regis	tered attorney or agent; or t	he assignee or other party in
Authorized Signature	fm 1.			Date	June <u>/ 2</u>	, 2008
Typed or printed nam		Dieg F. Kaplun Esc	1-	Registration No	. 45	,559
his collection of inform application. Confider abmitting the complete	nation is required by 37 (shality is governed by 35 d application form to the	CFR 1.311. The informati 5 U S C 122 and 37 CFR e USPTO. Time will vary	on is required to obtain or r 1.14. This collection is est depending upon the indiv	etain a benefit by th imated to take 12 m idual case. Any cor	e public which is to file (an inutes to complete, includi- ments on the amount of ti-	d by the USPTO to process) ng gathering, preparing, and me you require to complete wartment of Commerce, P.O.

this form and/or suggestions for reducing this burden, should be sent to the Unior Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commissioner for Patents, P.O. Box 1450, Alcoandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.